

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90646 029 ***150.00

DOCUMENT # P02000079853

1. Entity Name
RAPID FOODS TRANSFER AND TELECO SERVICES, INC.



Principal Place of Business
8228 NE 2ND AVENUE
MIAMI FL 33138

Mailing Address
8228 NE 2ND AVENUE
MIAMI FL 33138

2. Principal Place of Business

7858 NE 2nd Av

3. Mailing Address

7858 NE 2nd Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

100

City & State
Miami FL

City & State
Miami FL

Zip
33138

Country
DADE

Zip
33138

Country
DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

22-3865156

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GEORGES, DANIEL
8228 NE 2ND AVENUE
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name MICHEL EUGENE

Street Address (P.O. Box Number is Not Acceptable)

14800 NE 5 AVE

City MIAMI

FL

Zip Code

33161

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE x *Michel Eugene*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MICHEL, EUGENE 14800 NE 5TH AVENUE MIAMI FL 33161 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michel Eugene*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 305-754-5574
Date Daytime Phone #

CR2E034 (10/02)